

TITLE IV-E OUT-OF-HOME CARE REDETERMINATION

Use of form: Completion of this form is mandatory under Title IV-E of the Federal Social Security Act and Wisconsin Statutes, Chapters 48 and 49. The IV-E redetermination **review period** is for every month from the "Last IV-E Review Date" to the "Current IV-E Review Date." Refer to the Title IV-E Eligibility and Reimbursability Policy Manual if there are questions about any specific IV-E criteria.

Name - Child's Legal (Last, First, Middle Initial)		Case Number	
Dates Covered in Previous IV-E Review Begin date: _____ End date: _____ (mm/dd/yyyy) (mm/dd/yyyy)		Dates of Current IV-E Review Begin date: _____ End date: _____ (mm/dd/yyyy) (mm/dd/yyyy)	

Yes No N/A

- ☐ ☐ 1. Starting with the "Last IV-E Review Date" is this child under age 18, or under the age of 19 and enrolled full-time in secondary school (or equivalent) and expected to graduate before reaching age 19?

If "**No**" this child is not IV-E eligible. Proceed to question 10.

- ☐ ☐ 2. Does the agency continue to have legal responsibility for this child?

If "**No**" this child is not IV-E eligible at the time the agency's legal responsibility for this child is terminated. Proceed to question 10.

Reminder: The agency's legal responsibility for this child is terminated if: a) The agency terminated legal responsibility; b) This child entered care via voluntary placement agreement and the agency did not obtain legal responsibility within 180 days after the child's removal. Therefore, at the end of 180 days this child is not IV-E eligible; or c) This child was on a trial home visit or runaway status longer than six consecutive months. Therefore, at the end of six months this child is not IV-E eligible.

If there is a lapse in legal responsibility, the case is eligible only during the lapse.

If "**Yes**" enter begin and end date of legal responsibility.

Begin date: _____ End date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Begin date: _____ End date: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Proceed to question 3.

- ☐ ☐ 3. Does deprivation of at least one parent (biological or adoptive) continue to exist in the removal home?

If "**Yes**" check the months in which deprivation occurred.

☐ Jan. ☐ Feb. ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.

Check deprivation factor.

☐ Absent from the home ☐ Deceased ☐ Disabled / Incapacitated
☐ Unemployed / Continued financial need ☐ TPR

If "**No**" this child is not IV-E reimbursable for those months deprivation does not exist in the removal home. Proceed to question 4.

- ☐ ☐ ☐ 4. If this child was initially removed from home via a Voluntary Placement Agreement (VPA), was there a court order within 180 days after the child's removal from home indicating that placement in the home is contrary to the welfare of this child?

If "**Yes**" proceed to question 5.

If "**No**" this child can only be IV-E eligible / reimbursable for the first 180 days from the signed VPA if all other IV-E criteria are met. Proceed to question 5.

Enter "**N/A**" if 180 days have not elapsed or if this child was initially removed via a court order. Proceed to question 5.

□ □

- If **"Yes"** provide court order date: _____. Proceed to question 6.
(mm/dd/yyyy)

11

- If "Yes" this child is not IV-E reimbursable during the month(s) in which this child received SSI payments.

☐ Jan. ☐ Feb. ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.

10/10

- If "No" provide: Type of asset: _____
Amount of asset: \$ _____

☐ Jan. ☐ Feb. ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.

11

- If "No" provide: Type of earned / unearned income: _____
 Amount of income: \$ _____
 Cost of placement: \$ _____

☐ Jan. ☐ Feb. ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug. ☐ Sept. ☐ Oct. ☐ Nov. ☐ Dec.

100

- If "**Yes**" provide this child's placement history in the table below. Proceed to question 10.

If "No" provide this child's placement history in the table below. This child is not IV-E reimbursable for any months in which this child was not in a IV-E reimbursable placement (such as a medical facility, an unlicensed facility, secured facility, or a foster home paid directly by a for-profit child placing agency). Proceed to question 10.

PLACEMENT HISTORY DURING REVIEW PERIOD				
Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Name of Placement	IV-E Reimbursable	
			Yes	No

IV-E Redetermination Results:

10. ☐ The child is no longer IV-E eligible.

Date ended: _____
(mm/dd/yyyy)

Reason ended: _____

- ☐ Child continues to be IV-E eligible.

11. ☐ The child is not IV-E reimbursable for any months in the review period.

Reason not reimbursable: _____

- ☐ Child is IV-E reimbursable for every month during the review period during all or part of the time since last IV-E review.

- ☐ Child is IV-E reimbursable for part of the review period. Provide the information requested below regarding when this child was IV-E reimbursable during the review period.

	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Reason Ended
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Reminder: Be sure to enter the correct IV-E eligibility determination into the appropriate computer system.

SIGNATURE - State / County Authorization

Date Completed
(mm/dd/yyyy)

☐ County ☐ DHFS ☐ DJC